SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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British Medical Association.

CURRENT NOTES.

Mesopotamia Branch.

ON page 104 of the SUPPLEMENT to the JOURNAL of August 20th there appeared a notice by the Council forming a Mesopotamia Branch of the Association. Apart from the fact that the personnel of the new Branch contains at least one member who has already done yeoman service as an honorary officer of the Association, the formation of the Branch has a very special interest, inasmuch as the area of the Branch contains the last resting-place of Sir Victor Horsley. As will be remembered, Sir Victor Horsley was one of the pioneers in the closing years of the last and the opening years of the present century, the result of whose labours was the reorganization of the Association, including the formation of Divisions and the giving to the Association of a constitution, one of the most democratic to be found anywhere, whereby the Divisions throughout the Empire elect, by the direct votes of their members, the Representative Body of the Association. Of that body Sir Victor Horsley was the first Chairman; he never spared himself in working for the Association and profession; little did anyone think, in those pre-war days of strenuous work by the Association, that the distinguished member who first bore the honoured title of "Chairman of Representative Meetings" would find his last resting-place at Amara, on the River Tigris. To the members of the new Branch, as to the Council and the other members of the Association everywhere, the work of Sir Victor Horsley remains an inspiration.

Fiji Branch.

On page 107 of this week's SUPPLEMENT there is a notice by the Council establishing also a Fiji Branch. It is of special interest to note, in connexion with the formation of new Branches overseas, that the Association is all the time doing more and more for its oversea members. Not so many years ago the work of the Dominions Committee was comparatively light. As matters now stand, there is not an area throughout the Association outside the United Kingdom in which the Association through the Committee is not intervening to safeguard the interests of its members.

Taranaki Division.

The New Zealand Branch has formed a Taranaki Division of the Branch in response to an application from the members in that area. The new Division comprises the counties of Clifton, Egmont, Eltham, Hawera, Kaitecke, Ohura, Stratford, Taranaki, Waimote-West, Waimorino, and Whangamomona. Dr. Rex Brewster, M.C., of New Plymouth, is acting as honorary secretary. A meeting of the Division is expected to be held soon.

DANGEROUS DRUGS REGULATIONS.

THE DUTY OF MEDICAL PRACTITIONERS.

THE Dangerous Drugs Regulations,[1] applicable to the United Kingdom, come into force on September 1st, and impose the following duties upon medical practitioners:

A. THE DRUGS CONCERNED.

These are: (1) opium and morphine and any preparations containing them in the proportion of 0.2 per cent. of morphine or more; (2) cocaine and heroin and any preparations containing them in the proportion of 0.1 per cent. or more.

B. POSSESSION AND SUPPLY OF DRUGS.

Any duly qualified medical practitioner is authorized by the Regulations, so far as is necessary for the practice of his profession, to be in possession of and supply the drugs.

C. THE NON-DISPENSING DOCTOR.

All prescriptions containing "the drugs" in the proportions above mentioned must be dated and signed with the full name and address, and must give the name and address of the person for whose use the prescription is given and the total amount of the drug to be supplied on a prescription.

The drugs cannot be supplied more than once on the same prescription except that if the prescription so directs the drugs may be supplied on not more than three occasions as directed in the prescription, at intervals to be specified in the prescription.

The prescription is to be retained by the dispenser.

D. THE DISPENSING DOCTOR.

The Purchase of the Drugs.

1. When purchases of any of the drugs have been made, the fact must be recorded on the day the drugs are received, or at the latest on the day after.

2. Entries must be made in a book kept specially for the purpose, a separate portion being allocated to each of the drugs mentioned, and must be according to the following form:

(*a*) Record of: Morphine, etc.; Diamorphine (Heroin), etc.; Cocaine, etc.; Medicinal Opium—Purchased or otherwise obtained.

Date on which supply received.	Name of person, body, or firm from whom obtained.	Address of person, body, or firm from whom obtained.	Amount obtained.	Form in which obtained.

Prescribing the Drugs.

All entries concerning the outgoing of the drugs may be made in the practitioner's daybook, giving the pre-

[1] Report of the Committee appointed by the Secretary of State for the Home Department to consider outstanding objections to the Draft Regulations issued under the Dangerous Drugs Act, 1920. H.M. Stationery Office. 1921. (Cmd. 1307.) Price 3d. net.

scription, the name and address of the patient, and the date.

In addition an entry must be made in a special book—any suitable notebook will do—giving a dated reference to the record in the daybook of any supply of the drugs.

E. Personal Administration of the Drugs.

Administration by or under the direct personal supervision of a duly qualified medical practitioner is not deemed to be supplying the drug within the meaning of the Regulations. But this does not cover leaving a supply of the drug to be given by a nurse at a hospital or in a private house. In such cases the necessary prescription must be given and the other formalities complied with.

It must be clearly understood that entries need only be made of those prescriptions in which the strength of the drug in solution exceeds one-fifth per cent. of morphine or one-tenth per cent. of cocaine or heroin. This provision rules out so many preparations containing the drugs ordinarily in use that entries will be comparatively infrequent.

The following preparations containing drugs in various forms and strength are not governed by the Regulations, and consequently no entries need be made in respect of them:

Cereoli iodoformi et morphinae, *B.P.C.*
Emp. opii, *B.P.*, 1898.
Lin. opii, *B.P.*
Lin. opii ammon., *B.P.C.*
Pasta arsenicalis, *B.P.C.*
Pil. hydrarg. c. opio, *B.P.C.*
Pil. ipecac. c. scilla, *B.P.*
Pil. plumbi c. opio, *B.P.*
Pil. digitalis et opii, *B.P.C.*
Pil. hydrarg. c. cret. et opii, *B.P.C.*
Pulv. cretae aromat. c. opio, *B.P.*
Pulv. ipecac. co., *B.P.* (Dover's powder).
Pulv. kino co., *B.P.*
Suppos. plumbi co., *B.P.*
Tablettae plumbi c. opio, *B.P.C.*
Ung. gallae c. opio, *B.P.* (gall and opium ointment).
Ung. gallae co., *B.P.C.*

F. Procedure in Hospitals.

In hospitals in which there is a qualified pharmacist prescriptions must be written by the visiting doctor or the house doctor on the patient's bed card or on the out-patient's book or card, and must be initialled by the doctor. In both the wards and the out-patient department a fresh prescription is required each time a preparation is made up for the use of patients. This may take the form of "Rep. mist." initialled by the doctor.

In hospitals where no medical officer is in charge and there is no qualified dispenser, orders for the supply of the drugs must be signed by one of the medical practitioners attached to or attending the hospital, and in the case of medicines ordered for individual patients the prescription will be given by the doctor in accordance with the regulations stated under C, and must be made up by a duly qualified pharmacist.

G. Delivery of Drugs to Messengers.

Any duly qualified medical practitioner who sends for a supply of any of the drugs must give the messenger an authorization in writing to receive the drugs on his behalf, and the person supplying the drugs must be satisfied that the authority is genuine. This does not of course apply to medicines dispensed in pursuance of the Regulations.

Regulations Affecting the Isle of Man.

A Provisional Order has been made directing that drugs to which the Act applies shall only be supplied in the Isle of Man to persons licensed by the Lieutenant-Governor of the island.

APPENDIX.

Public Institutions.

It seems desirable to reproduce in full the details of the Orders issued by the Home Secretary with regard to hospitals, Poor Law institutions and sanatoriums, and teaching institutions.

Regulations Affecting Hospitals, Poor Law Institutions, and Sanatoriums.

The Home Secretary has made an Order exempting from the operation of the Regulations any hospital or infirmary, asylum, Poor Law institution or sanatorium supported by any public authority or out of any public funds or by a charity or voluntary subscriptions, in which the drugs are dispensed by a duly qualified medical practitioner or by a fully qualified pharmacist or (in the case of a Poor Law institution) by a dispenser holding the qualifications recognized by the Minister of Health, whose appointment as dispenser has been approved by the Minister, if and so long as the conditions in Schedule 1 of this Order are complied with.

He has also exempted from the operation of the Regulations any hospital or infirmary, asylum, Poor Law institution or sanatorium supported as aforesaid to which the foregoing provision does not apply, to the extent indicated in, and subject to compliance with, the conditions in Schedule 2. Any exempted institution may be inspected in respect of the observance of the said conditions at any time by a person authorized by the Secretary of State.

Schedule 1.

1. All orders for supplies of the drugs to which the regulations apply shall be signed by one of the medical practitioners attached to the hospital or other institution, or, if the dispenser is a fully qualified pharmacist, by the dispenser.

2. All supplies of the drugs to which the regulations apply shall be received by, and kept in the charge of, the person responsible for dispensing medicines. He shall enter in the drug ledger a record of all supplies received containing the particulars specified in Schedule I Part (*a*) of the regulations. A separate record shall be kept in respect of each of the drugs.

3. Any such drug, or any medicine containing any such drug, shall only be dispensed for the use of an individual patient in accordance with the prescription of the medical practitioner in charge of the patient. The prescription (which may be given on the patient's bed-card or case-sheet) shall be in writing, and shall be dated and signed or initialled by the doctor, and shall state either the name of the patient or the number of the case. A fresh prescription must be given on each occasion on which a fresh supply of the drug or medicine is required to be dispensed.

4. The person responsible for dispensing the drugs shall, at the time of dispensing any prescription, stamp or otherwise mark the prescription in such a way as to indicate that the prescription has been dispensed, and he shall keep a record of all cases in which any of the drugs have been dispensed, giving the date, and name of the doctor prescribing, and the name of the patient or the number of the case. A separate record shall be kept in respect of each of the drugs.

5. All prescriptions shall be kept for at least two years.

6. Stock preparations of the drugs required to be kept in the wards or in the out-patient department shall only be supplied by the dispensary on the written requisition of the sister in charge of the ward or out-patient department, and shall be kept by her under lock and key, and shall only be used by her in accordance with the directions of one of the medical practitioners in charge of the patients.

7. A requisition shall be marked in the dispensary to show that it has been complied with, and shall be filed in the dispensary, and a copy or note of the requisition shall be kept by the sister in charge.

8. Adequate precautions shall be taken to prevent any theft of the drugs while being conveyed from the dispensary to the wards or out-patient department.

9. Particular preparations of any of the drugs may be prescribed by reference to any conventional name by which they are known in the hospital.

Schedule 2.

1. All supplies of the drugs to which the regulations apply shall be obtained by, or on the written order of, one of the medical practitioners attached to or attending the hospital, who shall certify that the supply is necessary for the treatment of the patients in the hospital.

2. All supplies will be received by the matron or acting matron of the hospital and shall be kept by her in a locked cupboard of which she alone shall have the key. She shall enter in the drug ledger a record of all supplies received containing the particulars specified in Schedule I Part (*a*) of the regulations. A separate record shall be kept in respect of each of the drugs.

3. The matron or acting matron shall only use or administer the drugs in accordance with the directions of the medical practitioners attached to or attending the hospital.

4. In the application of this schedule to a poor-house hospital or sick ward in Scotland, the matron shall mean the lady superintendent of nurses, if there is one; or, if not, shall mean the matron if a trained nurse, and otherwise the senior nurse or nurse in charge.

5. Except in so far as they are modified by the foregoing provisions, the requirements of the regulations shall be observed.

Regulations Affecting Teaching Institutions.

The Home Secretary has approved the institutions named in the Schedule for the purpose of the provisions, which authorizes any person in charge of a laboratory for purposes of research or instruction attached to an institution approved by the Secretary of State to be in possession of the drugs to which the Act applies.

Schedule.

All universities of Great Britain and Ireland;
All university colleges of Great Britain and Ireland;
All medical schools recognized by any of the licensing bodies specified in Schedule A of the Medical Act, 1858, as amended by any subsequent Act;
The National Institute of Medical Research;
The School of Pharmacy of the Pharmaceutical Society of Great Britain;
The Royal College of Science for Ireland, Dublin.

Other Persons to whom Authorizations have been Issued.

1. Occupiers of factories and workshops to which the Factory and Workshop Act applies to possess cocaine eye drops (Factory Act, No. 1)

2. Unregistered dental practitioners to possess cocaine solution (not stronger than 1 per cent.) for use as local anaesthetics.
3. Certified midwives to possess and administer preparations of opium.
4. Farmers and stock-owners who obtain a police certificate to possess tr. opii.
5. Skippers of British fishing vessels to purchase tr. chlorof. et morph. co. and tr. opii.

Association Notices.

A FIJI BRANCH.

THE following change has been made by the Council, and takes effect on August 27th, 1921:

That a Fiji Branch of the Association be formed, of area coterminous with the Colony of Fiji.

Representation in Representative Body.—Under arrangements made by the Council, the Branch will be entitled to independent representation in the Representative Body, 1921–22, to return one Representative.

Meetings of Branches and Divisions.

EDINBURGH BRANCH.

THE annual meeting of the Edinburgh Branch was held in the hall of the Royal College of Physicians on June 30th. In the absence of the President, Lieut.-Colonel KEAY was voted to the chair. The Report of the Branch Council and the Treasurer's Annual Financial Statement were presented and approved.

The following office bearers were elected for 1921–22:

President: Dr. William Stewart. *President-elect:* Dr. John Stewart Muir. *Vice-Presidents:* Dr. George Mackay and Dr. John Playfair. *Honorary Treasurer:* Dr. Robert Thin. *Honorary Secretaries:* Dr. John Stevens and Dr. John Eason.

Dr. WILLIAM STEWART was then installed as President, and after a felicitous speech on taking the chair a cordial vote of thanks was passed to the retiring President, Dr. Graham Brown. It was intimated that Dr. John Stevens had been re-elected Representative for the Edinburgh and Fife Branches on the Council of the Association. Mr. James M. Graham, F.R.C.S.E., was elected to the annual vacancy on the Board of Management of the Queen Mary Nursing Home.

A brief report of the proceedings of the Scottish Committee was given, including action with regard to fees to medical practitioners called in by midwives under the Scottish Midwives Act, the conferences of representatives of staffs of Scottish hospitals held under the auspices of the Scottish Committee, and the interim report of the Scottish Consultative Council on Medical and Allied Services which was referred to the Divisions for consideration, with a questionnaire for reply.

In connexion with the monthly letters of the Medical Secretary some matters of Branch activity and organization were discussed, including scientific and social functions. On the motion of Dr. DREVER, seconded by Dr. KEPPIE PATERSON, it was resolved:

That the Branch Council be asked to consider how the Branch could be made more effective as a co-ordinating body for the Divisions.

One suggestion received with favour by the meeting was that the Secretaries of Divisions be requested to send reports of their meetings to the Secretary of the Branch.

The intended revision of the Rules of Organization of the Branch having been delayed owing to the war, it was remitted to the Branch Council to submit revised rules to the next annual meeting. A vote of thanks was passed to the Royal College of Physicians for the favour of the hospitality of their hall, and also to the President, the Honorary Treasurer, and the Honorary Secretaries.

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the Lancashire and Cheshire Branch was held at Chester on June 23rd. Prior to the meeting the members lunched together. Dr. ELLIOTT, the incoming President, delivered his presidential address entitled "The hospital: its past, present, and future, especially in regard to the provision of medical services." He gave an interesting review of the origin of Chester Infirmary and its early history, illustrating his points by reference to original documents, photographs of which were shown by lantern slides. Dr. Elliott then proceeded to deal with the present position of the hospital system of this country in general and of Cheshire in particular. He sketched a scheme for a complete medical service for this country, amplifying in many particulars the outline which he had already given in an address to the Chester and North Wales Medical Society, published in the BRITISH MEDICAL JOURNAL SUPPLEMENT of April 2nd, 1921. On the motion by Sir JAMES BARR a cordial vote of thanks was accorded to the new President.

The following officers were elected for the year:

Vice-Presidents: Dr. J. Hill Abram (Liverpool), Dr. F. L. Angior (Wigan). *Auditors:* Dr. Matthews and Dr. Turner.

Following the annual meeting a party of the members and their lady friends were taken for a river trip by the President, who provided tea at Eccleston. Another party was conducted to various parts of the ancient city by Professor Robert Newstead, who demonstrated most of the vestiges of Roman occupancy, including the relics which he had himself found in the Roman graves unearthed in the field of the Chester Infirmary. An altogether delightful day was spent, and members expressed their cordial appreciation of the arrangements which had been made for their comfort and enjoyment by the President (Dr. Elliott) and the Secretary of the Chester Division (Dr. Hamilton).

Correspondence.

Regional Medical Officers and Consultations.

SIR,—I see in the BRITISH MEDICAL JOURNAL of August 13th, under parliamentary news, that in reply to a question the Minister of Health stated that regional medical officers "acted as consultants to insurance practitioners." It is difficult to realize that this can be so, for, whereas a regional medical officer may be a recognized authority as a physician or a surgeon, manifestly it is unreasonable to concede the rôle of omniconsultant in one person, for all and sundry ills to which the flesh is heir, be the patient insured or not. For example, I have had amongst insured patients recently cases in which I regarded it advisable to have a second opinion.

(*a*) A medical case exhibiting symptoms of meningitis where a doubt lay as to the exact diagnosis and the experience of a physician was indicated.

(*b*) A surgical case—an acute abdominal case—where immediate operation was called for.

In what way does the official under the Insurance Act afford help in such circumstances? I fail to see where the Insurance Act provides for the insured under these conditions, either in securing a medical opinion or the services of a surgeon.

Further, the insurance practitioner cannot look to the regional medical officer for specialist opinions in every realm of medicine and surgery, or, if he is intended to, is it possible to obtain in an emergency such service or assistance? In my district the official in question resides at a distance of over fifty miles, and a case occurring in the night may allow of no delay.

It would seem therefore that the reply of the Minister of Health requires qualifying, as it would lead the public to believe that under the Act consulting opinions and consulting surgery are available for the insured. This clearly is not so, and I submit that the following corollary questions might well be put:

In what number and in what nature of cases have the regional medical officers supplied consultations?

And further, to what extent do the insured derive surgical and medical treatment from voluntary hospitals and from consultants other than regional medical officers?—I am, etc.,

Shenington, Banbury, Aug. 14th. A. ALAN FORTY.

*** At present the kind of work outlined in this letter is not yet being undertaken by the regional medical officers under the Insurance Act. In a memorandum (R.M. 1) which was issued to insurance practitioners in England and Wales in October, 1920 (abstract in SUPPLEMENT of November 13th, 1920, p. 134), there appeared the following statements:

20. The Minister . . . . has accordingly determined that the services of the regional medical staff should be available for consultation in cases of undoubted incapacity for work, where a second opinion appears desirable on other medical aspects of the case.

21. This part of the work of the regional medical staff cannot be undertaken at the inception of the scheme during the present year. It has been found necessary to postpone the reference of such cases until a date to be announced later, from which date the arrangements described below will come into operation.

25. The regional medical officers will be empowered to obtain the advice of specialists in dealing with cases of exceptional medical difficulty, but these specialists will be so employed to give advice only—not to carry out any form of treatment—and for the assistance of the medical officer only, in deciding what advice he should give to the approved society or to the practitioner, as the case may be.

No announcement has been made as to the date when the regional medical staff will undertake consultations in connexion with cases such as that referred to by our correspondent, and it is open to question whether the kind of case outlined is one for which the regional medical officer is likely to be available.

The regional medical officers would have to be multiplied many times over if they were to be available on all occasions to consult in cases of doubt, such as meningitis, acute appendicitis, etc.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments are announced by the Admiralty:—Surgeon Commanders A. H. H. Vizard to the *President*, additional (temporary), for duty with Medical Director-General; C. V. Griffiths, D.S.O., to the *Delhi* as senior medical officer and squadron medical officer; G. O. M. Dickinson to the *Victory*, additional, for Haslar Hospital. Surgeon Lieutenant Commanders H. B. Padwick, D.S.O., to Plymouth Hospital; F. J. D. Twigg to the *Pembroke* for R.N. Hospital, Chatham; M. S. Moore to the *President*, additional, for Cambridge Naval School. Surgeon Lieutenants A. B. Grant to Haslar Hospital for course, A. C. Anderson to the *Delhi*, J. P. Ainley to the *Malcolm*, T. Madill to the *Cornflower*, J. F. H. Gaussen to the *Wallflower* on commissioning.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel C. H. Straton retires on retired pay.

The following officers relinquish their commissions:—Temporary Captains and are granted the rank of Major: A. G. Welsford (September 18th, 1920, substituted for notification in the *London Gazette* of October 25th, 1920), C. Sullivan, M.C. Temporary Captains and retain the rank of Captain: R. Hodson, M.C., D. E. Hearn, H. L. C. Noel. Temporary Captains F. J. R. Cowie, J. T. Hill. Temporary Honorary Captain A. C. Delacroix, and retains the honorary rank of Captain.

Major J. S. Dunne, D.S.O., relinquishes the acting rank of Lieut.-Colonel.

Temporary Major N. H. Oliver relinquishes his commission and retains the rank of Major.

Temporary Captain W. M. M. Jackson to be temporary Major whilst specially employed as D.A.D. of Hygiene.

Captain G. T. Baker, M.C., resigns his commission.

W. L. Cowardin (Surgeon Lieut. Commander R.N.ret.) to be temporary Major.

Temporary Captain E. E. Chipp relinquishes the acting rank of Major.

G. L. K. Finlay, late Temporary Captain, to be Temporary Captain with seniority, July 13th, 1918.

M. H. Carleton to be Temporary Lieutenant.

TERRITORIAL FORCE.

ARMY MEDICAL SERVICE: ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel A. R. Wilson, T.D., resigns his commission and retains the rank of Lieutenant-Colonel, with permission to wear the prescribed uniform.

Major E. L. Gowlland to be Lieutenant-Colonel, and to command 4th London Field Ambulance.

Major C. H. Lindsay, C.M.G., D.S.O., T.D. (D.A.D.M.S., 55th West Lancashire Division), to be brevet Lieutenant-Colonel.

The following Majors having attained the age limit are retired, and retain the rank of Major, with permission to wear the prescribed uniform: J. Robinson, T.D., C. S. de Segundo, O.B.E., J. F. F. Parr, T.D., F. J. Oxley, O.B.E., T.D.

The following officers having attained the age limit are retired, and retain their rank: Lieut.-Colonel H. G. Smeeth, with permission to wear the prescribed uniform; Major J. E. B. Wells; Captains E. V. Phillips, F. Jeffree, A. Scott-Turner, C. Telfer, J. F. Farrow, M.C., A. G. Wilson.

Captain (Brevet Major) J. L. Joyce resigns his commission and retains his rank.

Captain A. W. Clarke resigns his commission and retains the rank of Captain.

Captains to be Majors: E. Alderson, D.S.O., H. D. Davis.

To be Captains: Captain A. H. D. Smith, M.C. (late R.A.M.C.), with precedence as from October 9th, 1918; Honorary Surgeon Captain C. T. Fox (late East Kent Yeomanry), with precedence as from August 25th, 1911.

Lieutenant C. S. Atkin (late R.A.M.C.) to be Lieutenant, with precedence as from August 11th, 1914.

3rd Southern General Hospital.—Captain W. B. Secretan resigns his commission, and retains the rank of Captain.

DEFENCE FORCE.

ARMY MEDICAL SERVICE: ROYAL ARMY MEDICAL CORPS.

Temporary Colonel T. A. Barron, D.S.O., to be A.D.M.S., from April 17th to July 10th, 1921.

To be temporary Major: A. Walker, D.S.O., April 11th, 1921 (substituted for notification in the *London Gazette*, April 27th, 1921, appointing this officer as temporary Captain).

The following officers relinquish their commissions:—

Temporary Colonels A. D. Sharp, C.B., C.M.G., T.D., T. A. Barron, D.S.O., C. I. Ellis, C.M.G., J. G. Martin, T.D., H. T. Samuel, D.S.O.

Temporary Lieutenant-Colonel, and retains the rank of Lieutenant-Colonel: M. H. Allen (3rd London Field Ambulance).

Temporary Lieutenant-Colonels: D. L. Fisher, D.S.O. (2nd Northumbrian Field Ambulance), W. A. Thompson (3rd Northumbrian Field Ambulance), C. M. Kennedy, M.B.E. (2nd Wessex Field Ambulance), W. Lister (1st West Riding Field Ambulance), F. Whalley, D.S.O., T.D. (2nd West Riding Field Ambulance), G. B. Gill (2nd North Midland Field Ambulance). H. G. G. Mackenzie, D.S.O. (3rd Home Counties Field Ambulance). H. F. Everett (1st East Anglian Field Ambulance), C. S. Wink (3rd East Anglian Field Ambulance).

Temporary Major, and retains the rank of Major: F. G. Hobson (1st South Midland Field Ambulance).

Temporary Majors: A. Bird, T.D. (3rd Welsh Field Ambulance), W. A. Robertson, M.C. (3rd Highland Field Ambulance), V. H. Wardle, M.C. (2nd Northumbrian Field Ambulance), R. A. Freeman (2nd Home Counties Field Ambulance), R. Ward, M.C. (1st Wessex Field Ambulance), T. M. Jamieson (2nd Wessex Field Ambulance), F. Ward, C. B. Baxter, O.B.E., T.D., J. A. Clark, H. A. Leebody, T.D.

Temporary Captains, and retain the rank of Captain: H. J. Rae (2nd Highland Field Ambulance), J. H. Sheldon (1st South Midland Field Ambulance), B. A. Astley-Weston and A. D. Symons (3rd South Midland Field Ambulance), W. J. Radford (2nd Wessex Field Ambulance), T. Anderson (2nd East Anglian Field Ambulance), D. Roger (3rd Highland Field Ambulance), L. J. G. Carre (3rd London Field Ambulance), W. J. M. White.

Temporary Captains: R. B. Lilly and W. W. Hallchurch (3rd North Midland Field Ambulance D.F.), D. R. Jones (2nd Welsh Field Ambulance), D. Cowin (3rd Welsh Field Ambulance), P. W. Kent (53rd Divisional Sanitary Section), G. H. S. Letchworth (2nd Wessex Field Ambulance), W. T. G. Boul (2nd East Anglian Field Ambulance), W. E. A. Buchanan and J. Kinnear (3rd Highland Field Ambulance), A. G. Atkinson (1st East Anglian Field Ambulance), J. Donald (2nd North Midland Field Ambulance), J. H. Blackburn and A. Ellison (1st West Riding Field Ambulance), T. Hamilton and J. F. O'Grady (1st East Lancashire Field Ambulance), M. Coghlan (2nd London Field Ambulance), A. L. Robinson (1st London Field Ambulance) J. A. Mathers, R. Morshead, D. C. Graham, T. Scott, D.S.O., H. Drummond, W. G. George, M.C., W. H. Barton, M.C., T. B. Batchelor.

Temporary Lieutenants, and retain the rank of Lieutenant: N. M. D. Fox and A. H. Jacobs (1st Lowland Field Ambulance), H. J. Dawson (2nd Highland Field Ambulance), H. N. C. Atkinson (2nd North Midland Field Ambulance), R. K. S. Lim, E. H. Ponder and O. H. Wild (3rd Lowland Field Ambulance), H. J. Morgan (North Midland Sanitary Section), H. W. Collins (5th London Field Ambulance), D. R. Macdonald (1st Highland Field Ambulance), E. H. Corder, C. S. Atkin.

1st (East Anglian) Field Ambulance (D.F.).—To be Temporary Captain: S. Slade.

5th (London) Field Ambulance (D.F.).—To be temporary Lieutenant-Colonel: E. T. H. Lea, April 9th, 1921 (substituted for *London Gazette* notification, April 28th, 1921, appointing this officer as temporary Major). The name of Temporary Lieutenant John Reginald Keith Fenning is as now described, and not as printed in the *London Gazette* of May 12th, 1921.

2nd (Lowland) Field Ambulance (D.F.).—Temporary Lieut.-Colonel G. B. Fleming, M.B.E., relinquishes his commission. To be Temporary Captain: J. F. C. Haslam.

1st (North Midland) Field Ambulance (D.F.).—Temporary Captain N. S. Tirard to be Temporary Major. Temporary Major S. T. Beggs (Captain and Brevet Major, R.A.R.O.) relinquishes his temporary rank.

3rd (Wessex) Field Ambulance (D.F.).—To be Temporary Captain: W. Bannerman.

British Medical Association.

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THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

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Diary of the Association.

SEPTEMBER

13 Tues. London: Organization Committee, 2 p.m.
14 Wed. London: Hospitals Committee, 2.30 p.m.
15 Thurs. London: Insurance Acts Committee, 2.30 p.m.
16 Fri. London: Central Ethical Committee, 2 p.m.
20 Tues. London: Medico-Political Committee, 2.30 p.m.
23 Fri. London: Public Health Committee, 3 p.m.
26 Mon. London: Dominions Committee, 2.30 p.m.

OCTOBER.

5 Wed. London: **Council.**

POST-GRADUATE COURSES AND LECTURES.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily, 10 a.m., Ward Visits; 2 p.m., In- and Out-patient Clinics and Operations.

APPOINTMENTS.

CUMMING, Miss Grace, M.B., Ch.B., Junior Resident Medical Officer at the Children's Hospital, Sunderland.

TROTTER, G. Clark, M.D., D.P.H., F.R.S.E., Medical Officer of Health, Metropolitan Borough of Islington.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **9s.**, *which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

BIRTHS.

KEATES.—On August 13th, at 144, Croxted Road, Dulwich, the wife of Major H. C. Keates, I.M.S., of a daughter.

TERRY.—On August 20th, at 14, Barton Street, Gloucester, the wife of H. Cairns Terry, M.B., Ch.B., of a son.

DEATH.

GRIFFITHS.—On August 19th, at Llangranog, Cardiganshire, William Charles Griffiths, L.R.C.S., L.R.C.P., of Bryn House, Pontardulais, Glamorganshire, died suddenly, aged 61 years.

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